An Unfolding Case Study Review

Based on a philosophy of active learning, this innovative study aid uses unfolding case studies as a vehicle for learning fundamental nursing content. Unlike traditional vignettes, these case studies evolve over time as do real-life situations, better enabling students to develop the skills they need to problem solve, actively engage, and apply critical thinking skills to new situations. Students will welcome the guide’s engaging format incorporating various types of questions into the unfolding case studies.

Also interwoven throughout this guide are patient care content areas needed for NCLEX-RN success—nursing theory and history, evidence-based practice, safe and effective care, health promotion, physiological and psychological integrity, and legal and ethical issues. Web resources provide quick access to valuable web-delivered information that will be useful in a clinical setting.

Key Features:
- Integrates core nursing concepts into unfolding case studies
- Provides engaging test preparation for course and NCLEX-RN test success
- Offers students a refreshing new study option and relief from the Q&A format offered by other content review books
- Develops critical thinking skills to help students “think like a nurse”
- Incorporates online resources for use in clinical settings

Fundamentals of Nursing Test Success
Ruth A. Wittmann-Price, PhD, CNS, RN, CNE, is Chairperson and Professor at Francis Marion University Department of Nursing in South Carolina. Dr. Wittmann-Price has been an obstetrical/women's health nurse for 32 years. She received her AAS and BSN degrees from Felician College in Lodi, New Jersey (1978 and 1981, respectively) and her MS as a perinatal CNS from Columbia University, New York City (1983). Ruth completed her PhD at Widener University, Chester, Pennsylvania (2006) and was awarded the Dean's Award for Excellence. She developed a midrange nursing theory "Emancipated Decision Making in Women's Health Care." Besides continuing her research about decisional science, she studies developmental outcomes of preterm infants. She has also been the Director of Nursing Research for Hahnemann University Hospital (2007–2010) to oversee all evidence-based practice projects for nursing. Hahnemann University Hospital was awarded initial Magnet status (AACN) in December 2009. Ruth has taught all levels of nursing students over the past 15 years (AAS, BSN, MSN, and DNP) and completed an international service-learning trip (2007) to rural Mexico with undergraduate nursing and physician assistant students. She was the coordinator for the Nurse Educator track in the DrNP program at Drexel University in Philadelphia (2007–2010) and sits on four dissertation committees.


Frances H. Cornelius, PhD, MSN, RN-BC, CNE, is Associate Clinical Professor, Chair of the MSN Advanced Practice Role Department and Coordinator of Informatics Projects at Drexel University, College of Nursing and Health Professions. Dr. Cornelius has taught nursing since 1991, at several schools of nursing. She taught community health at Madonna University (Livonia, MI), Oakland (MI) University, University of Pittsburgh, and Holy Family College (Philadelphia). Fran taught Adult Health and Gerontology at Widener University School of Nursing until 1997, when she began teaching at Drexel. In 2003, she was a Fellow at the Biomedical Library of Medicine. She is a certified nurse informaticist and has been the recipient of several grants. She has collaborated on the development of mobile applications as Coordinator of Informatics Projects including Patient Assessment and Care Plan Development (PACPD) tool, which is a PDA tool with a web-based companion, and Gerontology Reasoning Informatics Programs (the GRIP project). She is the coeditor of Cornelius/Gallagher-Gordon, PDA Connections (LLW), an innovative textbook designed to teach health care professionals how to use mobile devices for “point-of-care” access of information. She has written six book chapters and has published 19 journal articles on her work. She has delivered 26 presentations and more than 50 peer-reviewed presentations mostly in the United States, but also in Spain, Canada, and Korea. She is a member of STTI, the American Informatics Association, the American Nursing Informatics Association, the International Institute of Informatics and Systemics (IIIS), NANDA, ANA, and the PSNA.

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Fundamentals of Nursing Test Success: Unfolding Case Study Review

Ruth A. Wittmann-Price, PhD, CNS, RN, CNE
Frances H. Cornelius, PhD, MSN, RN-BC, CNE,
This effort, like all efforts of nurse educators, is dedicated to our students!
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This book is unique! Unlike the other review books published that require students to answer question after question, this book uses unfolding case studies to simulate real-life learning. This book has technological links that encourage learners to use the most up-to-date resources available and to apply them to achieve quality patient care. This is one of the rare review books for nursing fundamentals learners, and we know if the foundational concepts are not conquered well at the outset, it becomes more difficult, at best, to comprehend, internalize, and effectively apply more advanced concepts in nursing.

Through short, interesting, real-to-life case studies that you can work through at your own pace, we have devised an interesting method for you to understand and apply foundational nursing concepts. If you work through this book, you will be able to move onto the more advanced concepts presented in our other unfolding case study books, which include the following:

- **NCLEX-RN® EXCEL: Test Success Through Unfolding Case Study Review**
- **Maternal-Child Nursing Test Success: Unfolding Case Study Content and NCLEX-RN Review**

Unfolding case studies is a great method for learning and retaining concepts because it provides the learner with memorable situations that promote reflection and clinical decision making. This series of books also holds the learner's attention by using many alternative question formats interposed in the cases. We are sure you will enjoy this type of learning and it will be a welcome relief from the NCLEX-RN question-after-question review!

Thank you for delving into a different learning format; it will be nurses, like yourself, who are open to new ideas and situations that will make positive changes for patients, families, and in the health care system of the United States.

We wish you the best of luck in your nursing career.

*Ruth A. Wittmann-Price*
*Frances H. Cornelius*
Acknowledgments

Thank you to Margaret Zuccarini for her endless publishing support.
Beginning Nursing Education

Nursing education is intense and very differently designed compared with other disciplines, for several reasons. First, the obvious reason: As a nurse you will serve people at very vulnerable moments in their lives. Your care must be safe and accurate. Second, nursing education is different because there is such a large amount of information to learn, which is updated on almost a daily basis. Technology and health care science expand exponentially. A third and very real difference in nursing education is that it is laden with standardized and high-stakes testing. In order to obtain a license, you must pass a national exam and because of this you will most likely be tested all the way through your educational program.

The good news is that there are ways to assist you in these high-stakes testing situations, and by learning those methods now, at the level of your fundamental course, you will prepare yourself for a successful journey. Many fundamental courses do not discuss test-taking strategies; it is done later in your educational program. But just as we learn in fundamentals of nursing that to prepare a patient for discharge, discharge teaching begins on admission, we need to consider that same principle valid for ourselves: Test-taking preparation begins in fundamentals. This chapter will give you an overview of what to expect with testing and how to prepare yourself for tests.

What to Expect in Testing Situations

Test-taking situations are anxiety provoking and you need to be aware of how you currently cope with stressful situations. Reflect on your coping mechanisms and how you manage them and decide if they are within “normal range.” Table 1.1 provides a self-reflective format to help you.

If you are unsure about your coping skills or if they are ineffective in test-taking situations, go to your student counseling center. There you will find professionals who can help you with relaxation techniques or obtain the documentation you need to make alternative testing accommodations.
learners say to me, “How can I have accommodations for testing when I am going to be a nurse that has to be on the top of her/his game all the time?” Here is what I tell them:

Pretend you are a pediatric nurse and you are taking care of two 10-year-olds in a double-bedded room and they are being prepped for tonsillectomies. You need to teach both children what to expect. The child in bed A is an auditory learner that needs a room with no background noise in order to concentrate on what you are saying, so … you turn off the TV. The other child in bed B is a visual learner so you draw a sketch of what the OR (operating room) will look like. Who is the better learner? Neither; they are just different types of learners so you alter your approach.

So why would you not alter your approach in the classroom in order to facilitate your learning?

So if you have a “different” learning need, address it immediately because you will be in test-taking situations throughout your nursing educational program, sometimes for progression in the program. This is done to make sure that you are prepared for the NCLEX-RN® exam or the final high-stakes test. Each test is a milestone that needs to be passed, so that the accumulation of knowledge is appropriate for the NCLEX-RN. If testing is viewed in this way rather than in a negative, “Why are they putting us through all these hoops?” way you will fare better, learn more, and feel more accomplished.

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Normally high-stakes tests in a nursing educational program are static, even if they are computerized. This means that you answer one question after another and the final score determines a pass or fail. Some tests are teacher-made, whereas other schools buy tests from companies that specialize in test making. These companies sell their tests to many schools and then compare grades. Most companies that make tests have an end-of-the-program test, sometimes called a “predictor test.” The predictor tests tell how likely you are to “pass” the NCLEX-RN. Most of these companies have tests that are similar to teacher-made tests and score it by the number of questions a learner gets correct, but some companies are now making computer adaptive tests (CATs) similar to the NCLEX-RN.

The NCLEX-RN®

The NCLEX-RN is a CAT-style exam, which means the learner is scored on each question in a different way. It works like this: The first question is easy. If the learner answers the question correctly, the next question offered is more difficult. If the learner answers that one correctly, the third question offered is more difficult, and so on. If the learner gets a question wrong, the computer drops back to a less difficult level for the next question. This pattern continues until the learner correctly answers a total of 60 progressively higher-level questions. The minimum number of questions it takes to pass the NCLEX-RN is 75. This is because 15 questions on every exam are “test” questions that the National Council of the State Board of Nursing (NCSBN) is evaluating for inclusion on future tests. The maximum number of questions that a candidate or learner can take is 265 questions; therefore, the easy-to-challenging test question cycle can go up and down quite a few times.

The maximum time a candidate is allowed to complete the NCLEX-RN is 6 hours. So if you divide 6 hours by 265 questions, you have an average of 1.36 minutes per question, but remember some questions take longer than others to answer, so consider the 1.36 minutes per question as an average. This may be why some instructors in your nursing education program give you 1.36 minutes per question on tests; it is to “tune you in” to NCLEX-RN test-taking time. Every test you take in your nursing educational program is preparing you to pass your NCLEX-RN, which is your licensure test! Once you pass the NCLEX-RN, the public is ensured that you meet the minimal competencies in knowledge and skill that it takes to be a successful RN.

The NCLEX-RN is a test that follows a well thought-out test plan and includes a certain percentage of questions that are given to each part of the plan. The plan is updated and changed every 3 years depending on patients’ needs at that time in history in the clinical setting. Figure 1.1 shows the test plan.

Understanding what each NCLEX category labels means will help you to understand what will be expected of you when you get to the NCLEX-RN and it will also help you to frame content that you learn throughout your nursing education. The first category is Safe and Effective Care Environment and is divided into two subcategories: Management of Care and Safety and Infection Control. Questions from this category can make up 24% to 36% of the NCLEX-RN exam, so think of it...
as a quarter or more of the content. Management of Care is understanding the issues that go into caring for people in the health care environment, such as legal rights, privacy issues, ethical issues, and referring patients and families to other health care professionals, if needed; communicating your patient's needs to other authorized health care professionals; establishing priorities in caring for patients; and delegating nursing tasks safely to other members of the health care team.

The second subcategory is Safety and Infection Control and addresses issues such as disasters, triaging, environmental hazards, infection control in hospitals, violence, reporting mistakes, and understanding proper use of equipment, technology, and restraints. Think of this entire category as a snapshot of a hospital unit or a community center that has people, equipment, and a system that are trying to safely and respectfully take care of patients in the most humanistic way possible (National Council of State Boards of Nursing [NCSBN], 2009).

The next major category is Health Promotion and Wellness; let us estimate about 10% of your questions will come from this category. This category contains issues such as growth and development, which you will learn in pediatrics. It also has things that promote wellness such as breast self-exams and testicular-self exams. Other issues that support wellness may also be included such as proper nutrition and exercise as well as the effects of smoking, alcohol, and drugs (NCSBN, 2009).

Psychosocial Integrity is the next category, and you can estimate about 10% of questions will come from this category. This has to do with mental and cognitive abilities of patients. It is not only about how to help them if they have a mental illness, but it also includes people's ability to cope with illness, learn about care, and understand the social structure that patients live in such as healthy or unhealthy families. Another important topic in this category is therapeutic communication, which is needed for all patient interactions (NCSBN, 2009).

The next large category of questions will come from Physiological Integrity and this is how we usually think about nursing—taking care of people's bodies...
so they can regain their health or die peacefully. This large category is broken up into four sections. The first is Basic Care and Comfort, and again you can think of this as about 10% of the questions. Basic Care and Comfort includes many of the concepts we learned from Florence Nightingale: rest, elimination, food, hygiene, comfort measures, and mobility.

The next topic is a big one—Pharmacology and Parenteral Therapies—so drugs and IVs are about 15% of the test. Know your drug categories, how to administer them safely, how to calculate the right amount to give, and how the drugs and IV fluids will work on a person’s body. The next category is Reduction of Risk Potential; this means being able to tell when things are not within normal limits (WNL) such as vital signs (VS) or lab results. It also includes what testing does and what complications can happen from the diagnostic test. This section is approximately 15% of the exam.

The final section of content in this large category is Physiological Adaptation and is about 15% of the total test. It deals with actual disease processes in the body and how to manage them. It includes pathophysiology as well as emergencies such as hemorrhage. This is the nitty-gritty stuff you will hear in medical–surgical nursing (NCSBN, 2009).

**Test Question Levels**

The actual questions on the NCLEX-RN are developed for different levels of difficulty; remember, we mentioned before it goes from easy to more difficult. Those levels are derived from Bloom’s taxonomy (Bloom, 1956), which is the way in which people learn, from simple to complex. The first or simplest level of learning is remembering. Your instructor tells you that infants get intramuscular (IM) shots in their vastus lateralis (leg muscle) and on a test you see a question that states:

The nurse is giving vitamin K IM to a day-old infant. It should be administered in the:

A. Rectus gluteus
B. Vastus lateralis
C. Vastus rectus
D. Deltoid muscle

If you remember what your instructor said in class or clinical, you will know the answer. The next level is understanding or knowing ideas or concepts.

The nurse understands that vitamin K is administered IM to infants because:

A. It is difficult to start IVs on infants
B. Subcutaneous (SC) injections are absorbed too fast
C. Vitamin K PO does not taste good
D. IM injections are absorbed slowly

To answer this question, the student would have to understand the concept of IM injections. The next level of questions is applying. In this level, you need to use
the information for patient care. Many questions are written on this level. Here is an example:

An infant is born whose mother is positive for hepatitis B. The one-time dose of immunoglobulin should be given within 12 hours, so it can be absorbed readily. The best method would be:

A. IV  
B. IM  
C. Sub q  
D. Dermal  

The answer would be IM because you know it is faster and it is for a one-time dose instead of starting an IV. The next level is even more tricky—it is analyzing and many of these questions wind up to be exhibit questions or questions that provide you with a bunch of information and you have to decide what fits best. Here is an example:

The nurse reviews the following lab data on a day-old, small-for-gestational-age (SGA) infant:

Hct 62%
Glucose 35 mg/dL
Blood type B+
Coombs test +
What intervention would be a priority?
A. Check the mother's blood type  
B. Feed the infant  
C. Draw a bilirubin level  
D. Notify the primary care practitioner

Yes, you would feed the infant first because a low glucose could lead to seizures. There may also be a blood incompatibility (problem) going on, but it is not as urgent.

One of the highest levels of questions is evaluating. These are few and far between but sometimes they have to do with nurses evaluating their care such as:

The nurse teaches a postoperative mastectomy patient about home care and evaluates that the teaching is effective when the patient states:

A. It is okay for me to lift as long as it is not too heavy or too big  
B. I can take a shower with the drain if I tape it on my shoulder  
C. I will have to lie in bed for at least another day so it can drain  
D. I should tell health care providers to take my blood pressure on my other arm

Yes, you have evaluated right if “D” was your answer.

So these are just a couple of short examples showing how Bloom’s taxonomy is used to formulate questions to help instructors understand if students have the knowledge they need to move on in the program.
Summary

Now that you have the knowledge you need about tests and are starting to analyze the way you react to tests, you are well on your way to successful test taking. Every test is an evaluation of your accumulated knowledge and is important, so treat each one with respect and be ready. As you successfully master the content, you will gain insight and confidence but always keep in mind the end goal—to become an RN. In order to accomplish that you need to begin here with a solid understanding of nursing education testing and fundamentals of care! Enjoy the journey!

References

